Training Behavioral Health Providers in Primary Care: Strategies and Components of Effective Workforce Development Programs

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Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at
https://www.cfha.net/page/Resources_2019
and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- ...identify key strategies for delivering effective workforce development programs delivered in diverse settings.
- ...assess training components that support BHP core competency development.
- ...apply training strategies to diverse practice settings.

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Bibliography / Reference

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Learning Assessment

- A learning assessment is required for CE credit.

- A question and answer period will be conducted at the end of this presentation.

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Presentation Plan

This interactive presentation will be divided into the following three segments:

- Presenters will review seven key competency-based training strategies currently addressed in a training program then poll and display audience feedback for each strategy (30 minutes)
- Presenters will review existing training program data results and implications (10 minutes)
- Presenters will facilitate a large group discussion that link the implications to training programs in diverse settings (20 minutes)
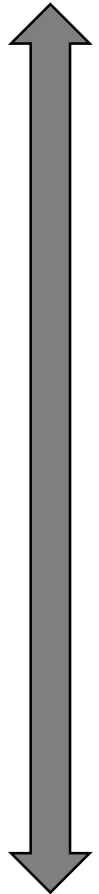
Background

Competencies

- Development historically profession/field-specific

- Limitations
  - Lack shared language, taxonomy, and purpose
  - Little focus on implementation & evaluation in practice
  - Breadth vs. depth – addressing specific needs of IBH
    - Flexibility in roles/functions
    - Interprofessional and individual
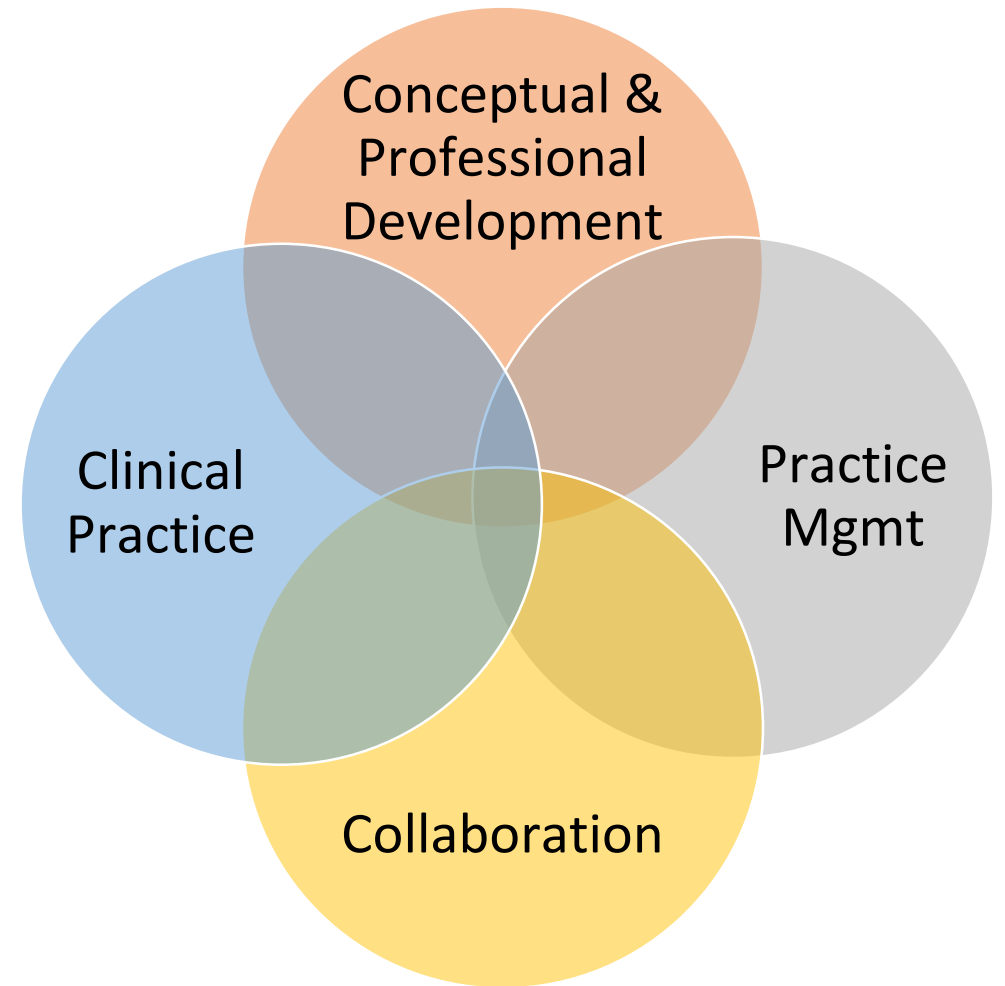
Competency Crosswalk

General

IEC (2011/2016) – Competencies for interprofessional collaborative practice

SAMHSA-HRSA (2014) – Core competencies for integrated BH and PC

AHRQ (2015) – Provider & practice level competencies for integrated BH in PC

Eugene S. Farley, Jr. Health Policy Center (2016) – Core competencies for BH in PC

APA (2014) – Competencies for psychology in integrated PC

Specific

Conceptual & Professional Development

Practice Mgmt

Clinical Practice

Collaboration

ASU College of Health Solutions
Arizona State University

Crosswalk – **Conceptual & Prof. Development**

IEC (2011/2016)	SAMHSA-HRSA (2014)	AHRQ (2015)	E. Farley, Jr. Health Policy Center (2016)	APA (2014)
I. Work with other professions to maintain mutual respect & shared values	**Systems-oriented practice** – function effectively within org. & financial structures of local healthcare system	**Primary care culture** – agenda setting, prioritization, strategizing workflow	**Help observe & improve care team function & relationships**	**Systems** – leadership & administration, interdisciplinary systems, advocacy
III. Communicate in responsive, respectful manner supportive of team approach	**Practice-based learning & QI** – ongoing eval & improvement of services	**Professional values & attitudes** – flexibility, willingness to quickly adapt to change	**Provide culturally responsive, whole-person, family-oriented care**	**Professionalism** – values & attitudes, diversity, ethics in PC, self-reflective practice/self-care
IV. Apply values & principles of team dynamics to effectively function as team	**Cultural competence & adaptation** –address disparities, promote team diversity, adapt services	**Whole-person care & competency** cultural sensitivity, biopsychosocial model to conceptualize pts	**Understand, value, & adapt to diverse professional cultures of integrated team**	**Relationships** – interprofessionalism, building & sustaining relationships in PC
	Collab & teamwork – function effectively as interprofessional team	**Practice Culture** – supports integration, staff buy-in		**Science** – biopsychosocial approach, research/eval
				Education – teaching, supervision

Crosswalk – **Clinical Practice**

IEC (2011/2016)	SAMHSA-HRSA (2014)	AHRQ (2015)	E. Farley, Jr. Health Policy Center (2016)	APA (2014)
II. Use knowledge of roles to address patient health needs & promote pop. health	**Collab. & teamwork** – create & implement integrated care plans, shared decision making	**Identification & assessment of BH needs** – brief screening, triage	**ID & assess BH needs as part of PC team**	**Application** – evidence-based assessment & interventions
III. Communicate in responsive, respectful manner supportive of team approach	**Interpersonal comm** –, effective comm w/ pts & team, build rapport	**Treatment of BH needs** – range of brief evidence-based tx, focus on pt function > symptom reduction	**Engage & activate pts in their care** – explain why & how, involve in shared decision making, guide team expectations	**Relationships** – interprofessionalism, effective comm to pts and other team members, help pts communicate w/ team
	Screening & assess. – brief, evidence-based screening for BH needs	**Patient engagement** - enhance motivation, therapeutic relationship	**Work as team to develop & implement care plans addressing BH factors**	
	Care planning & coord. – integrated care plans, pt navigation	**Whole-person care & competency** – use biopsychosocial model, cultural sensitivity, adapt tx	**Provide efficient & effective care delivery meeting needs of PC practice population**	
	Intervention – provide range of brief, focused		**Provide culturally responsive, whole-person,**	

Crosswalk – **Practice Management**

IEC (2011/2016)	SAMHSA-HRSA (2014)	AHRQ (2015)	E. Farley, Jr. Health Policy Center (2016)	APA (2014)
I. Work with other professions to maintain mutual respect & shared values	**Systems-oriented practice** – function effectively within org. & financial structures of local healthcare system	**Workflow & operations** – clear, organized workflows with defined processes/protocols, systematic caseload review, registry tracking	**Provide efficient & effective care delivery meeting needs of PC practice population**	**Application** – practice management, distribution of care, provide services at both individual & population health levels
IV. Apply values & principles of team dynamics to effectively function as team	**Practice-based learning & QI** – ongoing evaluation & improvement of services delivered	**Administration & leadership** – align clinical, operational, & financial processes, resource allocation, frequent comm		**Systems** – leadership & administration, interdisciplinary systems; aid resource allocation, understand change process in local systems of care
	Informatics – effective & efficient use of IT to support & improve care	**Team structure & roles** – clearly defined, respected by team members		
		Organizational support – community relationships, decision support systems, continuous QI processes		

Crosswalk – **Collaboration**

IEC (2011/2016)	SAMHSA-HRSA (2014)	AHRQ (2015)	E. Farley, Jr. Health Policy Center (2016)	APA (2014)
I. Work with other professions to maintain mutual respect & shared values	**Collab. & teamwork** – create & implement integrated care plans, shared decision making	**Team-based care & collab.** – shared decision making & tx planning, ongoing QI	**Understand, value, & adapt to diverse professional cultures of integrated care team**	**Application** – clinical consultation
II. Use knowledge of roles to address patient health needs & promote pop. health	**Interpersonal comm** –, effective comm w/ pts & team, build rapport	**Communication** – frequent & clear comm between all team members	**Effective communication** – with providers, staff, patients, & families	**Education** – teaching, supervision
III. Communicate in responsive, respectful manner supportive of team approach	**Practice-based learning & QI** – ongoing eval & improvement of services		**Work as team to develop & implement care plans addressing BH factors**	**Relationships** – interprofessionalism, building & sustaining relationships in PC
IV. Apply values & team dynamics to effectively function as team			**Understand, value, & adapt to diverse professional cultures of integrated team**	**Systems** – interdisciplinary systems, engagement of community organizations to support optimal care & pt functioning

Direct Poll

We want to know what you think! Please use the flowing link to offer your opinions about each of the seven key strategies.

http://etc.ch/2WBz

We will share the poll results!

Seven Key Strategies

Strategy	Purpose	Measurement	Intended Outcomes
Assess learner/team fit	Determine congruence between site and learner views of integrated care	Documented and approved agreement	Stakeholder buy-in and support
Onboard learner	Learner prepared to engage with medical team and patients	Time to first patient visit	Limit delay before contributing to team
Establish training goals and objectives	Establish a mutual agreement for training rotation activities and outcomes	Documented an approved plan	Targeted activities and projects to meet site needs
Support knowledge and skill development	Establish system view of site integration status	Practice Integration Profile (PIP) Conduct integration analysis	Develop awareness of site's dimensions integration

Seven Key Strategies

Strategy	Purpose	Measurement	Intended Outcomes
Provide consultation support	Provide learner with opportunities to critically reflect on patient care	Scheduled meetings involving learner case presentations	Discover and refine effective evidence-based approaches to integrated patient care
Monitor learner performance metrics	Establish and target minimum performance expectations	Average time in patient visits Administering validated outcome measures	Demonstrate brief, targeted approaches to patient care within PC workflow
Triangle competency-based evaluation	Evaluate learner's work as compared with established field competencies	Comprehensive competency-based evaluations (medical preceptor, site liaison, faculty consultant, and learner self-evaluation)	360-degree review of and feedback on learner performance on industry standards

Training Program Data
Results and Implications

Program Demographics

Fall 2014 thru Spring 2018	Data
# of terms	11
# of clinical intern placements	292
# of clinic sites	140
# of locations where interns placed (42 states & territories and 6 foreign countries)	48
Average # of patients visits per week	12
Average # of patient visits per term	329

Training Data

Strategy	Measurement	Data
FIT	Documented and approved agreements (placements)	All
ONBOARDING	Time to first patient visit (weeks)	1.33
GOALS	Documented an approved plan (interns)	All
DEVELOPMENT	Practice Integration Profile (PIP) and analysis (sites)	All
CONSULTATION	Scheduled meetings involving learner case presentations	Weekly
PERFORMANCE	Average time in patient visits (minutes) Administering validated outcome measures	29
EVALUATION	Comprehensive competency-based evaluations - medical preceptor, site liaison, faculty consultant, and learner self-evaluation (interns)	All

Adapting Training Programs
Addressing Diverse Settings

Discussion

- How do we operationalize the strategies for interprofessional training and onboarding? How does that differ from focusing solely on BHPs?

- What influence does level of integration have on training experiences?

- In the absence of sufficient resources, how do we prioritize the strategies?

- How and when can we leverage the EHR and other data management systems to ensure systematic approaches to evaluation?

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!